

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612 Fax (802) 871-3318

July 5, 2012

Mr. Timothy Urich, Administrator Rutland Healthcare and Rehabilitation Center 46 Nichols Street Rutland, VT 05701-3275

Provider#: 475039

Dear Mr. Urich:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 13**, **2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN, MS

amlaMCHaRN

Licensing Chief

PC:ne

Enclosure



RECEIVED Division of

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES.

JUL -2 12

PRINTED: 06/25/2012 FORM APPROVED

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	Licensing and	(X3) DATE S	
AND PLAN C	PF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	DING	Protection	COMPL	C
		475039	B. WING	i		06/	13/2012
	ROVIDER OR SUPPLIER D HEALTHCARE AN	D REHABILITATION CENTER	5	TREET ADDRESS, CITY, ST 46 NICHOLS STREET RUTLAND, VT 05701			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORREC TIVE ACTION SHO CED TO THE APPF EFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	тs	F 00	00			
F 281 SS=G	conducted and con Division of Licensin to 6/13/12. The con there were regulate complaint. 483.20(k)(3)(i) SEF PROFESSIONAL S	on-site complaint survey was impleted at the facility by the ag and Protection from 6/12/12 implaint was substantiated and ory findings related to the RVICES PROVIDED MEET STANDARDS ided or arranged by the facility ional standards of quality.	F 28	Plan of Correction Corrective Action: For wound has been monintegrity report has be policy.	itored and the sk	cin	
	by: Based on staff inte services provided to professional standa staff failed to adequately follow the care plan	NT is not met as evidenced erviews and record review, the by the facility failed to meet erds of quality when facility uately monitor, reassess and in for a leg wound for one #1) identified in a complaint.		Identify Other Potentito identify others with affected by the same a practice, an audit of a wounds will be conducted assessed per policy. Systemic Changes: Leceive education regards observation, monitoris skin integrity reports.	a the potential to alleged deficient all residents with acted to ensure the icensed staff with arding wound	be t hey are	
	through 6/13/12 for documented on the Report that on 5/22 'injury of unknown The resident, who compromised with	Detween the dates of 6/12/12 Resident #1, the staff nurse Resident /Patient Incident L/12 this resident obtained an origin' to his/her right lower leg. was nutritionally and medically multiple co-morbidities, had kin with multiple skin		Monitoring: Skin Integrated for completion x 4 weeks then month will be reviewed at Cacommittee meetings. Responsibility: Direct Completion Date: 7/2	n and accuracy v ly x 4 months. are Plan and QI tor of Nursing	weekly	
	report: "R [right] ou cm wide skin tear. from but pt [patient	ed the following on the incident ter leg has a 8 cm length x 3 No one knows where it came] was sitting in his chair and		FBBI POC accepte Detritenden RNI			
ABORATOR	Y DIRECTOR'S OR FROY	DER/S PPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE			(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For pursing homes, the above findings and plans of correction are disclosable 14.

other safeguard provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUI	-		C .	
	475039	B. WIN	IG		06/1	3/2012
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER			46	EET ADDRESS, CITY, STATE, ZIP COI S NICHOLS STREET UTLAND, VT 05701	DE .	·
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BT BE PRECEDED BY FULL SENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COF , (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
side.' On this date, 5/2 documented on the the Form (which the facility impairments) the follow Appearance (of the word Description of the Would width. There was no unathere was no drainage, was deep purple and the associated with the word Per the nursing care play breakdown related to 's right outer leg', the car interventions for Reside 1. Evaluate the wound surrounding tissue and drainage/infection and/or report to MD as indicate 2. Provide wound treatr 3. Weekly wound assess measurements and descriptions and meas Skin Integrity Report up altered skin integrity, which deterioration of [the] word following: For wounds the dressing change, monit dressing (intact and clessurrounding the dressing swelling), and that would completely controlled. Between the dates of 5	on] had a zipper on that 2/12, the nurse Skin Integrity Report utilizes to describe skin ring: Pain? 'Yes.' und): Skin Tear. nd: 8 cm length x 3 cm adermining or tunneling, the surrounding tissue are was no odor und. an for an actual skin acab on lip and skin tear to be plan documents these ent #1: daily including presence or absence of or new wound pain and addressment to include scription of wound status. Should 'perform wound surements and complete poor initial identification of eekly, and with any bund.' Also, document the hat do not require a daily tor the status of the	F2				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		475039	B. WII	NG _			C 3/2012
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER				4	REET ADDRESS, CITY, STATE, ZIP CODE 16 NICHOLS STREET RUTLAND, VT 05701	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 281	documented. The documentation on 1 on 5/22/12 when the and the second was resident was transf. Integrity Report had #1's wound has ind (centimeters) in lend length (on 6/6/12) volumenters) in lend length (on 6/6/12) volumenters) in lend length (on 6/6/12) to 9 cm (or cm. in width. On 6/12/12) to 9 cm (or cm. in width. On 6/12/12) at 2:15 unit manager, s/he had changed the (of (for multiple areas Record) s/he had no of the right lower led documentation on the also confirmed that unable to evaluate was promoting wound secribed the wound 'On 6/6/12 it (the was promoting wound were inflamed in addition, during the staff nurse, who, acchanged the dressing s/he failed to comp	first date of wound the Skin Integrity Report was e skin tear was discovered, s on 6/6/12, the day the erred to the hospital. The Skin documentation that Resident reased in size from 8 cm gth (on 5/22/12) to 22 cm in which is an increase of 14 cm. and's width went from 3 cm on 6/6/12) for an increase of 6/6/12 the surrounding tissue being 'inflamed/indurated' and P.M. per interview with the confirmed that although s/he dermagel) dressing on 6/2/12, per the TAR or Treatment of completed an assessment g wound or completed any the Skin Integrity Report. S/he by not doing so, s/he was whether the current treatment and healing. The unit manager and to this surveyor as follows: wound) was necrotic, with drainage, the edges of the ed and it was foul smelling.' this same interview, another coording to the TAR had ng on 5/26/12 confirmed that lete a wound assessment for wound and/or document on the	F:	281			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
475039		B. WING _		C 06/13/2012		
	ROVIDER OR SUPPLIER D HEALTHCARE AN	D REHABILITATION CENTER	4	REET ADDRESS, CITY, STATE, ZIP CODE 16 NICHOLS STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 281	Centers Nursing Po 3.4, 12.1.1, 12.2 ar	and F309. ntegrity Management Genesis olicies & Procedures 3.2, 3.3,	F 281			
F 282 SS=G	(9th ed.). Wolters Williams & Wilkins 483.20(k)(3)(ii) SEI PERSONS/PER Co. The services provided by the services provide	Kluwer Health/Lippincott . RVICES BY QUALIFIED	F 282	Corrective Action: For resident #1, treatments are completed as ordered accordance with his plan of care. Identify Other Potential Residents: It to identify others with the potential to affected by the alleged deficient prace	n order o be tice, an	
	by: Based on staff interservices provided to provided in accordator one resident (Rother targeted sample) Per record review to	erview and record review the by the facility failed to be ance with the written care plan esident # 1) of 2 residents in e. Findings include: Detween the dates of 6/12/12 Resident #1, the staff nurse		audit will be completed to ensure skir integrity reports and treatment record completed in a timely manner. Systemic Changes: Licensed staff we receive education regarding wound observation, monitoring and complet skin integrity reports. Monitoring: Skin Integrity Reports a standard downward the same and the standard standard to the skin integrity reports.	ill ion of	
,	documented on the Report that on 5/22 'injury of unknown of The resident, who compromised with extremely fragile skimpairments. Per the nursing car	Resident /Patient Incident 2/12 this resident obtained an origin' to his/her right lower leg. was nutritionally and medically multiple co-morbidities, had kin with multiple skin re plan for an actual skin to 'scab on lip and skin tear to		wound documentation will be audited completion and accuracy weekly x 4 then monthly x 4 months. Results wireviewed at Care Plan and QI commimeetings. Responsibility: Director of Nursing Completion Date: 7/27/2012 FABA POC accepted 7/5/12 Danithender RN/ PMC	weeks ill be ttee	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPL	
		475039	B. WING		06/	C 3/2012
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER			46	ET ADDRESS, CITY, STATE, ZIP CO NICHOLS STREET JTLAND, VT 05701		
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F 282	right outer leg ' the interventions for F 1. Evaluate the w surrounding tissue drainage/infection report to MD as in 2. Provide wound 3. Weekly wound measurements ar Between the date (the resident's trail Integrity Report For documented. The documentation on 5/22/12 when the and the second w resident was transpaddition, the TAR multiple dates who documented. (the and the dates 6/1/stated, 'Monitor's surrounding tissue pain.' On 6/12/12 at 2:19 unit manager, s/hocare and agency pand that the TAR multiple dates who daily for status of s/sx of infection and documented. In accommended in as weekly skin assessions.	e care plan documents these Resident #1: ound daily including and presence or absence of and/or new wound pain and dicated treatment as ordered and assessment to include and description of wound status. Is of 5/22/12 (injury) and 6/6/12 ansfer to the hospital) the Skin orm had only two assessments at first date of wound at the Skin Integrity Report was the skin tear was discovered, as on 6/6/12, the day the aftered to the hospital. In (Treatment Record) had the treatment was not dates were: 5/29/12, 5/30/12/12 through 6/6/12) The TAR at daily for status of dressing, e, s/sx of infection and wound of P.M. per interview with the deconfirmed that the plan of coolicy* had 'not been followed' (Treatment Record) had en the treatment 'Monitor site dressing, surrounding tissue, and wound pain' had not been addition, s/he confirmed the esements (to include and the description of wound	F 282			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	475039 B. WING			C 06/13/2012			
	ROVIDER OR SUPPLIER D HEALTHCARE AND	D REHABILITATION CENTER	`	4	REET ADDRESS, CITY, STATE, ZIP CODE 6 NICHOLS STREET RUTLAND, VT 05701		0/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION · DATE
F 282	*(Policy 14.6 Skin In Centers Nursing Pol 12.1.1, 12.2 and 14	& F309. Integrity Management Genesis policies & Procedures 3.3, 3.4,2)	F2	282	Plan of Correction F 200		
	483.25 PROVIDE OF HIGHEST WELL BE Each resident must provide the necessor maintain the high mental, and psychological provides and psychological psychological provides and psychological provides and psychological	CARE/SERVICES FOR	F	309	Plan of Correction F 309 Corrective Action: For resident #1, t wound has been monitored and the sl integrity report has been completed p policy. Identify Other Potential Residents: It to identify others with the potential to affected by the same alleged deficien practice, an audit of all residents with wounds will be conducted to ensure the same alleged.	kin ner n order o be t	
	This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to provide the necessary care and services for one resident (Resident # 1) to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the plan of care. Findings include: Per record review between the dates of 6/12/12 through 6/13/12 for Resident #1, the staff nurse documented on the Resident /Patient Incident Report that on 5/22/12 this resident obtained an 'injury of unknown origin' to his/her right lower leg. The resident, who was nutritionally and medically compromised with multiple co-morbidities, had extremely fragile skin with multiple skin impairments.				Assessed per policy. Systemic Changes: Licensed staff we receive education regarding wound observation, monitoring and complet skin integrity reports. Monitoring: Skin Integrity Reports waudited for completion and accuracy x 4 weeks then monthly x 4 months. will be reviewed at Care Plan and QI committee meetings. Responsibility: Director of Nursing Completion Date: 7/27/2012 F309 POC accepted 1/5/12 Denittender RN PMC	ion of vill be weekly Results	

F 309 Continued From page 6 report: "R [right] outer leg has a 8 cm length x 3 cm wide skin tear. No one knows where it came from but pt [patient] was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on his chair and the pad fibe was sitting on the skin lategrity Report for wound: 8 cm length x 3 cm width. There was no undermining or tunneling, there was no drainage, the surrounding tissue was deep purple and there was no odor associated with the wound. Per facility policy, " staff should 'perform wound observations and measurements and complete Skin integrity, weekly, and with any deterioration of [the] wound. 'Also, document the following: For wounds that do not require a daily dressing change, monitor the status of the dressing (free of new redness or swelling), and that wound pain, if present, is being completely controlled. Between the dates of 5/22/12 (injury) and 6/6/12 (the resident's transfer to the hospital) the Skin Integrity Report Form had only two assessments documented. The first date of wound documentation on the Skin Integrity Report was on 5/22/12 when the skin tear was discovered, and the second was on 6/6/12, the day the resident was transferred to the hospital. The Skin Integrity Report had documentation that Resident	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER RUTLAND, VT 05701 (24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 309			475039	B. WII	۷G			
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 6 report: "R (right) outer leg has a 8 cm length x 3 cm wide skin tear. No one knows where it came from but pt [patient] was sitting only had a zipper on that side.' On this date, 5/221/2, the nurse documented on the the Skin Integrity Report Form (which the facility dulizes to describe skin impairments) the following: Pain? "Yes. Appearance [of the wound]: Skin Tear. Description of the Wound: 8 cm length x 3 cm width. There was no undermining or tunneling, there was no drainage, the surrounding tissue was deep purple and there was no odor associated with the wound. Per facility policy, * staff should 'perform wound observations and measurements and complete Skin Integrity Report upon initial identification of altered skin integrity, weekly, and with any deterioration of [the] wound. Also, document the following: For wounds that do not require a daily dressing change, monitor the status of the dressing (intact and clean) status of tissue surrounding the dressing (free of new redness or swelling), and that wound pain, if present, is being completely controlled. Between the dates of 5/22/12 (injury) and 6/6/12 (the resident's transfer to the hospital) the Skin Integrity Report Form had only two assessments documented. The first date of wound documentation on the Skin Integrity Report was on 5/22/12 when the skin tear was discovered, and the second was on 6/6/12, the day the resident was transferred to the hospital. The Skin Integrity Report had documentation that Resident					46	NICHOLS STREET		
report: "R [right] outer leg has a 8 cm length x 3 cm wide skin tear. No one knows where it came from but pt [patient] was sitting in his chair and the pad [he was sitting on] had a zipper on that side. On this date, 5/22/12, the nurse documented on the the Skin Integrity Report Form (which the facility utilizes to describe skin impairments) the following: Pain? "Yes.' Appearance [of the wound]: Skin Tear. Description of the Wound: 8 cm length x 3 cm width. There was no undermining or tunneling, there was no drainage, the surrounding tissue was deep purple and there was no odor associated with the wound. Per facility policy, * staff should 'perform wound observations and measurements and complete Skin Integrity Report upon initial identification of altered skin integrity, weekly, and with any deterioration of [the] wound. 'Also, document the following: For wounds that do not require a daily dressing change, monitor the status of the dressing (intact and clean) status of tissue surrounding the dressing (free of new redness or swelling), and that wound pain, if present, is being completely controlled. Between the dates of 5/22/12 (injury) and 6/6/12 (the resident's transfer to the hospital) the Skin Integrity Report Form had only two assessments documentation on the Skin Integrity Report Form had only two assessments documentation on the Skin Integrity Report thad documentation on the Skin letterity Report was on 5/22/12 when the skin tear was discovered, and the second was on 6/6/12, the day the resident was transferred to the hospital. The Skin Integrity Report had documentation that Resident	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
#1's wound has increased in size from 8 cm (centimeters) in length (on 5/22/12) to 22 cm in	F 309	report: "R [right] out cm wide skin tear from but pt [patient the pad [he was sit side.' On this date documented on the Form (which the faimpairments) the form (which the Description of the Northere was no drains was deep purple are associated with the Per facility policy, * observations and in Skin Integrity Report deterioration of [the following: For wourd dressing (intact and surrounding the dates) (the resident's transfintegrity Report Fordocumented. The documentation on the following the dates) (the resident was transfintegrity Report had all the second was resident was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's wound has incompletely controlled the second was transfintegrity Report had #1's	ter leg has a 8 cm length x 3 No one knows where it came] was sitting in his chair and ting on] had a zipper on that , 5/22/12, the nurse the Skin Integrity Report cility utilizes to describe skin following: Pain? 'Yes.' wound]: Skin Tear. Wound: 8 cm length x 3 cm o undermining or tunneling, age, the surrounding tissue and there was no odor wound. staff should 'perform wound heasurements and complete rt upon initial identification of y, weekly, and with any e] wound.' Also, document the hads that do not require a daily monitor the status of the d clean) status of tissue essing (free of new redness or wound pain, if present, is being ed. of 5/22/12 (injury) and 6/6/12 sfer to the hospital) the Skin rm had only two assessments first date of wound the Skin Integrity Report was e skin tear was discovered, s on 6/6/12, the day the erred to the hospital. The Skin d documentation that Resident reased in size from 8 cm	F	309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		475039	B. WING			C 06/13/2012	
NAME OF PROVIDER OR SUPPLIER RUTLAND HEALTHCARE AND REHABILITATION CENTER				46	EET ADDRESS, CITY, STATE, ZIP CODE S NICHOLS STREET UTLAND, VT 05701		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 309	length (on 6/6/12) value length (on 6/6/12) value length (on 6/6/12) value length (or m. in width. On 6 was described as a had an odor. On 6/12/12 at 2:15 unit manager, s/he had changed the (or for multiple areas Record) s/he had rof the right lower led documentation on S/he also confirme was unable to evalue treatment was prommanager described follows: 'On 6/6/12 with sero-sanguine wound were inflam. On 6/12/12 at 2:15 unit manager, s/he care and agency promote and that the TAR (multiple dates where daily for status of dis/sx of infection and documented. In adweekly skin assess	which is an increase of 14 cm. and's width went from 3 cm on 6/6/12) for an increase of 6 /6/12 the surrounding tissue being 'inflamed/indurated' and P.M. per interview with the confirmed that although s/he dermagel) dressing on 6/2/12, per the TAR or Treatment to completed an assessment g wound or completed any the Skin Integrity Report. If the the current moting wound healing. The unit of the wound to this surveyor as it (the wound) was necrotic, ous drainage, the edges of the ed and it was foul smelling.' P.M. per interview with the also confirmed that the plan of colicy* had 'not been followed 'Treatment Record) had in the treatment 'Monitor site ressing, surrounding tissue, do wound pain' had not been dition, s/he confirmed the ments (to include if the description of wound	F3	809			
	In addition, during t staff nurse, who, ac changed the dressi	his same interview, another coording to the TAR had ng on 5/26/12 confirmed that lete a wound assessment for					

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F 309	the right lower leg to the Skin Integrity R Refer also to F281	wound and/or document on eport. and F282.	F 3	09			
	*(Policy 14.6 Skin I Centers Nursing Pol 3.4,	ntegrity Management Genesis blicies & Procedures 3.2, 3.3,					
		•					